

**HAMPTON REDEVELOPMENT AND HOUSING AUTHORITY**  
(HRHA)

**Application for Employment**

22 Lincoln Street, P.O. Box 280, Hampton, Virginia 23669

Telephone (757) 727-6337 Facsimile (757) 727-6368

**INSTRUCTIONS—Please Read Before Completing This Form.** Please type or print clearly in dark ink. Each item on the form must be complete. If an item does not apply, write Not-Applicable (N/A) in the space provided. Before signing this form, carefully read the Privacy Act Notice for Employment Form on the last page. Applications must be signed and dated by the applicant on the last page of this form to be considered for employment.

|   |                         |                        |                               |
|---|-------------------------|------------------------|-------------------------------|
| <b>Position Applying For:</b>                           |                         |                        | <b>Date:</b>                  |
| <b>Name: (Last)</b>                                     | <b>(First)</b>          | <b>(MI)</b>            | <b>Social Security Number</b> |
| <b>Address: (Number, Street, City, State, Zip Code)</b> |                         |                        |                               |
| <b>Home Telephone:</b>                                  | <b>Other Telephone:</b> | <b>E-Mail Address:</b> |                               |

**Have you ever worked for HRHA? Yes ☐ No ☐**

**If any of your family members presently work for HRHA complete the following:**

| <b>Name</b> | <b>Relationship to You</b> |
|-------------|----------------------------|
|-------------|----------------------------|

**If you have ever as an adult been convicted of a misdemeanor or felony other than a minor traffic violation, give details below. Include date of conviction, nature and disposition of offense.**

**NOTE: A conviction does not necessarily prevent your employment with HRHA.**

|   |  |
|---|--|
| <b>Do you have a high school diploma or GED? Yes <input type="checkbox"/> No <input type="checkbox"/></b> | <b>If no, highest grade completed?</b> |
|---|--|

| <b>Name and Location (City, State &amp; Zip Code) of College or University</b> | <b>Major and Type of Degree</b> | <b>Did You Graduate?</b> |
|--|---------------------------------|--------------------------|
|  |                                 |                          |
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|  |                                 |                          |
|  |                                 |                          |

**Other schools or training (for example, trade, vocational, Armed Forces, or business). Give for each the course name and location (city & state) of school, dates attended, subjects studied, certificates received, and any other pertinent data.**

**Special qualifications and skills, office and/or construction equipment or tools you can operate.**

**Do you have the legal right to work in the United States? Yes ☐ No ☐**

**NOTE: All new employees are required to complete a Form I-9 and provide documentation establishing their identity and eligibility to work in the United States**

**Do you possess a valid Virginia Driver's License? Yes ☐ No ☐**

**NOTE: A Virginia Driver's License may be required upon employment. Driving record must be acceptable to HRHA.**

## Employment History

Give a complete account of every position you have held since your first job; account for all periods of unemployment. You may include unpaid experience or volunteer work if you feel that it represents qualifying experience for the position for which you are applying. **Résumés are welcomed but the application must be completed in full to be considered for employment with HRHA.** Please start with your present position and work back.

[illegible][illegible]



Name: \_\_\_\_\_

SSN: \_\_\_\_\_

|   |  |  |  |
|---|--|--|--|
| Name of Employer  |  | Dates Employed (Month and Year)<br>From: _____ To: _____ |  |
| Complete Address and Telephone Number   |  | Salary or Earnings<br>Beginning: _____<br>Ending: _____  |  |
| Position Held:  |  |  |  |
| Was this a supervisory position? Yes <input type="checkbox"/> No <input type="checkbox"/><br>If yes, number and type of employees supervised. |  |  |  |
| Name and Title of Immediate Supervisor  |  | Telephone Number   |  |
| Your reason for wanting to leave.   |  |  |  |
| Description of work (describe specific duties, responsibilities, and accomplishments on the job).   |  |  |  |
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|   |  |  |  |
|---|--|--|--|
| Name of Employer  |  | Dates Employed (Month and Year)<br>From: _____ To: _____ |  |
| Complete Address and Telephone Number   |  | Salary or Earnings<br>Beginning: _____<br>Ending: _____  |  |
| Position Held:  |  |  |  |
| Was this a supervisory position? Yes <input type="checkbox"/> No <input type="checkbox"/><br>If yes, number and type of employees supervised. |  |  |  |
| Name and Title of Immediate Supervisor  |  | Telephone Number   |  |
| Your reason for wanting to leave.   |  |  |  |
| Description of work (describe specific duties, responsibilities, and accomplishments on the job).   |  |  |  |
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|   |  |  |  |
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|   |  |  |  |

| Professional References  |              |           |                |
|--|--------------|-----------|----------------|
| Please provide three professional references. (Do not list any relatives or personal friends.) |              |           |                |
| Name   | Relationship | Telephone | E-mail Address |
|  |              |           |                |
|  |              |           |                |
|  |              |           |                |

## **PRIVACY ACT NOTICE FOR EMPLOYMENT FORM**

### **NOTICE TO APPLICANTS**

This information is provided pursuant to the Privacy Act of 1976 for individuals supplying information for inclusion in a system of records.

### **POLICY**

Information furnished will be used primarily by Hampton Redevelopment and Housing Authority departments/divisions to determine qualifications for employment, eligibility for transfer, reinstatement, promotion and/or demotion. All or part of this information may be furnished as indicated below:

1. Representatives from Hampton Redevelopment and Housing Authority departments/divisions, if required to determine employment suitability.
2. Federal, state and local agencies in which you have interest as a potential employee.
3. Federal, state and local agencies to create personnel files following your employment with Hampton Redevelopment and Housing Authority.
4. Representatives of federal, state and local agencies engaged in investigating violations of the law.
5. Individuals or agencies requesting statistical data exclusive of personal identification.
6. Requesting agencies possessing your voluntary release of information and assuming confidential protection of information released.

### **EFFECTS OF DISCLOSURE**

It is in your best interest to answer all questions. Your failure to complete the form may jeopardize your opportunity for employment.

### **DISCLOSURE OF SOCIAL SECURITY NUMBER**

The Social Security Act of 1976 provides for soliciting social security number and disclosure on your part is mandatory to obtain the benefits you are seeking.

### **CERTIFICATION/AGREEMENT**

I have read and understand the above Privacy Act Notice for Employment Form. I hereby certify that this application is a complete record and that all entries and all attachments are true and accurate to the best of my knowledge. I understand that false or incomplete statements herein supplied are grounds for disqualification from employment. I authorize the Hampton Redevelopment and Housing Authority to conduct a thorough background investigation, except as it pertains to race, origin, sex, age, marital status, religion, disability, or other non-job related criteria, to be used relative to employment with Hampton Redevelopment and Housing Authority. I authorize my former employer(s), any other person(s) or organization(s) to provide any information they have about me, and I release all concerned from any liability in connection therewith. If employment is offered, I understand that I may be required to pass an examination(s), i.e., driving record check, pre-employment drug screening, etc., given at the Authority's expense and that my employment may be contingent upon successfully passing that examination.

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**Applicant's Signature**

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**Date (Month/Day/Year)**

**Hampton Redevelopment And Housing Authority**  
**Equal Employment Opportunity (EEO) Applicant Information**

Date: \_\_\_\_\_

**IMPORTANT**

The information requested on this sheet regarding race, sex, age, and disability status is needed to analyze and assure compliance with City and Federal Equal Employment Opportunity laws and to meet the reporting requirements of those laws. Your cooperation in voluntarily giving this information is important to the request of our Equal Employment Opportunity programs.

This EEO Applicant Information Sheet will be kept separate from your application. It will not be used in hiring, interviewing, or any other employment decision. It will be available only to authorized personnel for research and evaluation purposes. Refusing to provide this information will not subject you to adverse treatment.

1. Position for which you are applying: \_\_\_\_\_

2. Name: \_\_\_\_\_

3. Sex: Male ☐ Female ☐

4. Birth Date: \_\_\_\_\_

5. Racial/Ethnic Data (Please indicate with which racial/ethnic group you identify.)

- ☐ White (Not of Hispanic Origin): All persons having origins in any of the original peoples of Europe, North Africa, the Middles East, or the Indian Subcontinent
- ☐ Black (Not of Hispanic Origin): All persons having origins in any black racial groups
- ☐ Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central American, or other Spanish culture or origin regardless of race
- ☐ Asian or Pacific Islander: All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa
- ☐ American Indian or Alaskan Native: All persons having origins in any of the original peoples of North America
- ☐ Other

6. Do you have a disability? Yes ☐ No ☐